Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY									
TOTAL CLAIMS							ſ	RATE	FEE		RATE	£500							
FOR			NUMBER FILED		NUMBE	R EXTRA	E	BASIC FEE	370.00	OR	SASIC FEE	740.00							
TOTAL CHARGEABLE CLAIMS			34 minus 20=		* 16			X\$ 9=		OR	X\$18=	288 W							
INDEPENDENT CLAIMS			) minus 3 =		* 7			X42=		OR	X84=								
MULTIPLE DEPENDENT CLAIM PRESENT					🗆			+140=		OR	+280=								
* If the difference in column 1 is less than zero, enter					er "0" in column 2			TOTAL		OR	TOTAL	7800							
CLAIMS AS AMENDED - PAR					RT II ımn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	*	Minus	***		=		X42=		OR	X84=								
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM			+140=		OR	+280=								
							ı	TOTAL			TOTAL ADDIT. FEE								
	(Column 1) (Column 2) (Column							ADDIT. FEE		1	ADDII. FEE								
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
D WE	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	,							
	FIRST PRESE	MULTIPLE DE	PENDE	NT CLAIM	1	1	+140=		OR	+280=									
								TOTAL		- 1	TOTA ADDIT. FE	L							
		(Column 1)	lumn 2)	(Column 3)		ADDIT. FEE			ADDIT: TE										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NL PRE	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
W S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
N N	Independent	*	Minus	***		=	1	X42=		OR	X84=								
	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDE	NT CLAI	М	L	+140=		OR	200								
,	If the entry in col	lumn 1 is less tha	n the entry in c	olumn 2, v	vrite "0" in (	column 3.	o "	TOTAL	-	OR	TOTA	L.							
		Lumbar Draviauch	, Paid For" IN 1	HIS SPAC	CF is less t	nan 3. enter "3."		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											